

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Hospital Association PAC

ADDRESS (number and street) ▼

325 Seventh Street, NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106146

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer

Ms. Melinda Hatton

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
01		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
01		31		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2014</td></tr></table>	Y	Y	Y	Y	Y	2014						<table><tr><td colspan="5">3126501.95</td></tr></table>	3126501.95				
Y	Y	Y	Y	Y													
2014																	
3126501.95																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">3126501.95</td></tr></table>	3126501.95															
3126501.95																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">116969.43</td></tr></table>	116969.43					<table><tr><td colspan="5">116969.43</td></tr></table>	116969.43									
116969.43																	
116969.43																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">3243471.38</td></tr></table>	3243471.38					<table><tr><td colspan="5">3243471.38</td></tr></table>	3243471.38									
3243471.38																	
3243471.38																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">31515.30</td></tr></table>	31515.30					<table><tr><td colspan="5">31515.30</td></tr></table>	31515.30									
31515.30																	
31515.30																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">3211956.08</td></tr></table>	3211956.08					<table><tr><td colspan="5">3211956.08</td></tr></table>	3211956.08									
3211956.08																	
3211956.08																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y
01 / 01 / 2014

To:

M M / D D / Y Y Y Y
01 / 31 / 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

9000.00

9000.00

(ii) Unitemized

7701.63

7701.63

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

16701.63

16701.63

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

16701.63

16701.63

12. Transfers From Affiliated/Other

Party Committees.....

100000.00

100000.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

267.80

267.80

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ►

116969.43

116969.43

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

116969.43

116969.43

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	265.30	265.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	265.30	265.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31250.00	31250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	31515.30	31515.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31515.30	31515.30

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	16701.63	16701.63
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16701.63	16701.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	265.30	265.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	265.30	265.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Claudio D Fort

Mailing Address 189 Prouty Drive

City

Newport

State

VT

Zip Code

05855-9326

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Country Hospital and Health Cent

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

01 / 13 / 2014

Transaction ID : 21511950

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Kathleen C. Poff

Mailing Address 5119 Coventry Way

City

Jefferson City

State

MO

Zip Code

65101-8284

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

01 / 22 / 2014

Transaction ID : 21511954

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Mr. Ronald J Cork

Mailing Address 619 E Mayo St

City

O'Neill

State

NE

Zip Code

68763-0270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera St. Anthony's Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 16 / 2014

Transaction ID : 21511963

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

975.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Laura J Redoutey FACHE

Mailing Address 3255 Salt Creek Circle, Suite 100

City

Lincoln

State

NE

Zip Code

68504-4778

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nebraska Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 16 / 2014

Transaction ID : 21511965

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael R. Dunaway

Mailing Address 15081 Linden Drive

City

Leawood

State

KS

Zip Code

66224-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Senior VP, Field Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

01 / 30 / 2014

Transaction ID : 21530307

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Ms. Barbara L Wilson

Mailing Address 190 East Bannock Street

City

Boise

State

ID

Zip Code

83712-6241

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Luke's Regional Medical Center

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2014

Transaction ID : 21539620

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1875.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard D'Aquila

Mailing Address 789 Howard Avenue

City

New Haven

State

CT

Zip Code

06519-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale-New Haven Hospital

Occupation

President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 30 / 2014

Transaction ID : 21539978

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. James Staten

Mailing Address 20 York Street
1052CB

City

New Haven

State

CT

Zip Code

06510-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale-New Haven Hospital

Occupation

Senior Vice President Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

01 / 30 / 2014

Transaction ID : 21539979

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Kevin A. Myatt

Mailing Address 20 York Street

City

New Haven

State

CT

Zip Code

06510-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale-New Haven Hospital

Occupation

Sr. Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 30 / 2014

Transaction ID : 21539980

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 21
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Chad W Wable

Mailing Address 56 Franklin Street

City State Zip Code
 Waterbury CT 06706-1253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Mary's Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

01 / 30 / 2014

Transaction ID : 21539981

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. M. Michelle Hood

Mailing Address 43 Whiting Hill Road

City State Zip Code
 Brewer ME 04412-1005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Maine Healthcare Systems

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2014

Transaction ID : 21539996

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Lynn B Nicholas

Mailing Address 5 New England Executive Park

City State Zip Code
 Burlington MA 01803-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

01 / 24 / 2014

Transaction ID : 21539997

Amount of Each Receipt this Period

1300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Maureen Banks RN, MS, MB

Mailing Address Dove Avenue

City
Salem

State
MA

Zip Code
01970-2999

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spaulding Rehabilitation Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

01 / 24 / 2014

Transaction ID : 21539998

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

B. Ms. Robin Richman

Mailing Address 110 Stuart Street
18 JW Residencies

City
Boston

State
MA

Zip Code
02116-5665

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts Hospital Association

Occupation

Vice President, Physician Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

01 / 24 / 2014

Transaction ID : 21539999

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

C. Ms. Sharon A. Gale MSN, RN

Mailing Address 101 Cambridge Street
110

City
Burlington

State
MA

Zip Code
01803-3766

FEC ID number of contributing
federal political committee.

C

Name of Employer

Organization of Nurse Leaders of Massa

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

01 / 24 / 2014

Transaction ID : 21540000

Amount of Each Receipt this Period

262.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1087.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 21
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert A Gundersen

Mailing Address 2001 Washington Street

City

Braintree

State

MA

Zip Code

02184-8658

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Hospital Northeast-Stoughton

Occupation

Market Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : 21540014

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

B. Mr. David E Storto

Mailing Address 125 Nashua Street

City

Boston

State

MA

Zip Code

02114-1101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spaulding Rehabilitation Hospital

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : 21540015

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1312.50

9000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City State Zip Code
 Rensselaer NY 12144

FEC ID number of contributing
federal political committee.

C C00160259

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

01 / **14** / **2014**

Transaction ID : 21511949

Amount of Each Receipt this Period

100000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

01 / **14** / **2014**

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

01 / **14** / **2014**

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100000.00

100000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 21

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. TD Bank

Mailing Address 901 Seventh Street, NW

City
Washington

State Zip Code
DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : 21563167

Amount of Each Receipt this Period

267.80

Interest Earned

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

267.80

267.80

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Texans For Senator John Cornyn Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Mailing Address PO Box 13026

City	State	Zip Code
Austin	TX	78711

Transaction ID : 21504867Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Sen. John CornynCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District:

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Mary Landrieu, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Mailing Address 700 13th Street Nw
Suite 600

City	State	Zip Code
Washington	DC	20005

Transaction ID : 21504868Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Sen. Mary L. LandrieuCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: LA District:

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Susan Brooks

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Mailing Address 9425 N Meridian Street
237

City	State	Zip Code
Indianapolis	IN	46260

Transaction ID : 21504869Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Susan BrooksCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IN District: 05

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b


American Hospital Association PAC

Three 7-segment displays are shown, each with a label above it: 'M M', 'D D', and 'Y Y Y Y'. The first display shows '01', the second shows '15', and the third shows '2014'. They are separated by slashes.

011

1000.00

Contribution



011

1500.00

Contribution

011

1500.00

Contribution

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Simpson For Congress

Mailing Address 1487 Parkway Drive

City	State	Zip Code
Blackfoot	ID	83221

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mike K. SimpsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Transaction ID : 21504873

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. BRIDGE PAC: Building Relationships In Diverse Geographic Environments PACMailing Address 499 South Capitol St., SW
Suite 422

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
2014 Contribution

Candidate Name

BRIDGE PAC: Building Relationships In Diverse Geographic Environments PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Transaction ID : 21504875

Amount of Each Disbursement this Period

1000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

C. BAMPAC: Building a Majority PAC

Mailing Address PO Box 2315

City	State	Zip Code
Baltimore	MD	21203

Purpose of Disbursement
2014 Contribution

Candidate Name

BAMPAC: Building a Majority PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Transaction ID : 21504876

Amount of Each Disbursement this Period

1000.00

2014 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

--

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Hospital Association PAC

A. First State PAC

The image shows three 3x3 grids, each representing a number using a 26-letter alphabet. The first grid shows '01' with 'M' in the top-left and top-right positions. The second grid shows '15' with 'D' in the top-left and top-right positions. The third grid shows '2014' with 'Y' in the top-left, top-middle, top-right, and middle-right positions.

Category/ Type	011
-------------------	-----

1000.00

First State PAC

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

2014 Contribution

B. Holding Onto Oregon's Priorities

Diagram illustrating the segment patterns for the numbers 01, 15, and 2014 on a 16x16 LED display. The patterns are shown as binary strings (0s and 1s) above the respective numbers.

- 01:** M M / D D / Y Y Y Y
- 15:** D D / Y Y Y Y
- 2014:** Y Y Y Y

011
Category/
Type

2500.00

Holding Onto Oregon's Priorities

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

2014 Contribution

C. Lincoln PAC

Category/ Type	Count
011	1

Lincoln PAC

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

2014 Contribution

5500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Pioneer PACMailing Address 499 South Capitol Street, SW
Suite 408

City Washington State DC Zip Code 20003

Purpose of Disbursement
2014 Contribution

Candidate Name

Pioneer PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Transaction ID : 21504880

Amount of Each Disbursement this Period

1000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

B. Priority PACMailing Address 818 Connecticut Ave., NW
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement
2014 Contribution

Candidate Name

Priority PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Transaction ID : 21504881

Amount of Each Disbursement this Period

2500.00

2014 Contribution

Full Name (Last, First, Middle Initial)

C. Blumenauer For Congress

Mailing Address 830 NE Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement
Contribution

Candidate Name

Rep. Earl BlumenauerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Transaction ID : 21504882

Amount of Each Disbursement this Period

1250.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4750.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Charlie Dent For Congress

Mailing Address PO Box 442

City	State	Zip Code
Allentown	PA	18105

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Charlie W. Dent

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2014

Transaction ID : 21528818

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Graves For Congress

Mailing Address 2345 Grand, Suite 2400

City	State	Zip Code
Kansas City	MO	64108

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Samuel B. Graves Jr.

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2014

Transaction ID : 21528819

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Morgan Griffith For Congress

Mailing Address PO Box 361

City	State	Zip Code
Christiansburg	VA	24068

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Morgan H. Griffith

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: VA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2014

Transaction ID : 21528820

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Dave Joyce

Mailing Address 320 Kenarden Drive

City	State	Zip Code
Cleveland	OH	44143

Purpose of Disbursement
Contribution

Candidate Name

Rep. Dave JoyceOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Transaction ID : 21528822

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Volunteers For Shimkus

Mailing Address PO Box 661

City	State	Zip Code
Collinsville	IL	62234

Purpose of Disbursement
Contribution

Candidate Name

Rep. John M. ShimkusOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Transaction ID : 21528823

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Adrian Smith For CongressMailing Address 3321 Avenue I
Suite 6

City	State	Zip Code
Scottsbluff	NE	69361

Purpose of Disbursement
Contribution

Candidate Name

Rep. Adrian SmithOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Transaction ID : 21528824

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Texans For Lamar Smith

Mailing Address PO Box 6155

City	State	Zip Code
San Antonio	TX	78209

Purpose of Disbursement
Contribution

Candidate Name

Rep. Lamar S. SmithOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Transaction ID : 21528825

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. BAMPAC: Building a Majority PAC

Mailing Address PO Box 2315

City	State	Zip Code
Baltimore	MD	21203

Purpose of Disbursement
2014 Contribution

Candidate Name

BAMPAC: Building a Majority PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Transaction ID : 21528826

Amount of Each Disbursement this Period

1000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

C. Al Franken For Senate 2014

Mailing Address PO Box 583144

City	State	Zip Code
Minneapolis	MN	55458

Purpose of Disbursement
Contribution

Candidate Name

Sen. Al FrankenOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Transaction ID : 21528827

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

31250.00
